

must feel convinced that an intussusception is present, without the necessity of a *post-mortem* examination.

"The prognosis of such cases is always unfavourable; and it is well that the medical man guard himself by stating so, whenever he has made his diagnosis. It is true, numerous cases are on record where nature has produced a cure by the sloughing of the strangulated portion of the intestine, and the junction of the healthy parts. About two years ago, Dr. Hare had an opportunity of showing to the Pathological Society of London how neatly nature completes a cure of this kind, a patient of his having died of tubercular disease only three months after suffering from intussusception, in which several inches of the small bowel came away on the fourteenth day of the attack. At the *post-mortem* examination it appeared that the portion of the small intestine came away fifteen inches above the *caput coli*, and so perfect was the cicatrix, that it appeared as a mere line round the bowel, with puckering of the omentum, etc., around it. I would not, however, advise any one to forego treatment and trust to nature for a cure; as, from my experience, nature is not to be trusted even when the case appears to be one of no great urgency.

"As to treatment, purgatives in the first place naturally suggest themselves; but these are worse than useless, rarely remaining on the stomach, and if they do remain only stimulating the bowel and aggravating the disease. Warm-water enemata are useful, but can seldom be administered owing to the very peculiar irritable spasmodic condition in which the rectum usually is. In any case where this spasmodic condition is not present, or only to a slight degree, I have no doubt warm-water enemata, or, as I used in Case III., warm-water and air thrown in by a syringe would be useful. The ease, however, with which air is thrown into the spasmodically contracted rectum, when it is impossible even to introduce a teaspoonful of warm-water, gives this agent a pre-eminence over all others, and astonishes all who have seen it used. The remedy is always at hand even in the poorest cottage, no matter how far away from town. Its application is so simple as to require no direction for its use. The only necessity being that enough air be thrown into the bowel to distend it as far up as the neck of the invaginated portion, or, in other words, that the operation be continued until the child begins to be uneasy, and the belly distinctly tympanitic. Amongst other means for relief, cases are on record where the abdomen has been opened for the relief of the bowel in intussusception. It is difficult to reduce one by manipulation after death, and I have no doubt it would be much more so to do it during life."

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20. *Use of Hot Water as a Remedy for Profuse Perspiration.*—Mr. ROBERT DRUITT calls (*Med. Times and Gaz.*, March 4, 1865) the attention of the profession to the use of hot water as a remedy for profuse perspiration. He states that "if a part of the body that is perspiring be bathed with quite *hot* water till it becomes decidedly hot and red, the skin will become dry, and will continue so for a greater or less period of time.

"If *cold* water be used, the part remains cool for some time and then becomes gradually warm or glowing; if *tepid*, it is usually made unpleasantly chilly and flabby; if *warm*, it is left perspiring; if *hot*, it is left hot, red, and dry.

"The terms cold, tepid, warm, and hot are merely relative; what would be warm to one would be lukewarm to another person; but when I say *hot* water for our present purpose I mean water as hot as can be borne without pain. It may be used by sponging or immersion, and must be continued till the parts treated are hot, red, and *tingling* with heat—almost scalded, in fact. A good wipe with water at 130° is easily borne; for immersion the heat must be less; but the feelings are the only guide.

"The circumstance which led me to recommend this remedy was the observation of the painful dryness of a hot skin in feverish attacks, and of the dryness produced by using too hot water in a bath, and by the clumsy use of the lamp-bath, which may make the skin dry instead of moist if not well managed.

"The cases in which I have recommended it with benefit are—first, those of general tendency to perspire to a distressing degree in hot weather, the patient being in good health. If a man who has thoroughly used a cold bath in the

morning be obliged to change his shirt in the middle of the day, for example, he will keep his skin comfortably dry for a certain time by a good wash with very hot water.

"The next class of cases are those in which, with or without tendency to perspire over the body generally, but most probably without, there is a tendency to distressing perspiration of some particular part; as the axillæ, hands, feet, etc. Patients who seek relief for this are generally young persons from 13 to 20, and they often endure great misery and persecution in consequence of this symptom, which really admits of easy medical treatment. The health is sure to be improved by free purgation, and by quinine, air, exercise, etc. But the distressing local symptom may be got rid of for hours at a time by the thorough application of the hottest water to the offending part until it is red, hot, and tingling as if scalded.

"Thirdly, there are the cases of true hectic; diurnal shiverings, followed by heat, and drenching perspiration of an earthy, sickly odour, and depending (as we suppose) on absorption of decaying pus from some internal organ, probably lung, etc. In these cases I have tried every remedy I know of without result. I have caused profuse perspiration by the lamp-bath in the afternoon without preventing the access of hectic and perspiration in the evening; and confess my remedy inert—or next to it—in these cases.

"But there is a fourth variety—the ordinary night-sweat of the phthisical, not preceded by regular hectic paroxysm, but induced by all that relaxes, lessened by all that strengthens, and coming on when the patient falls asleep. For many of these cases the hot water gives relief, to a certain extent, especially if the perspiration begin, as it often does, on one special part of the body by preference, as the chest, hands, or feet. In such cases I have the testimony of patients that the hot water greatly helps to control the sweat. The way is, when the patient goes to bed, to have the chest reddened with hot water and wiped dry. One patient, whom I see daily, and who is confined to his bed, calls out for it so soon as he perceives the dampness beginning, and has it used to chest, hands, and feet, and by this means often, not always, passes a night without being obliged to shift his linen.

"In conclusion, let me say that I only offer this as a contribution towards the relief of an unpleasant symptom, and not as a cure for a disease; and that whoever uses it must recollect that it is not *warm*, but *hot* water, just below scalding point that is to be employed."

[We need hardly dilate upon the value of this announcement, should further experience confirm the efficacy of the measure recommended by Mr. Druitt.—Ed. A. J.]

21. *Therapeutic Action of the Hyposulphites*.—Prof. C. O. WEBER, of Bonn, has quite recently repeated some of Polli's experiments with these articles, and has been, to a certain extent, as successful as the Italian physiologist. He gave two grammes of the hyposulphite of soda, for three days consecutively, to a large rabbit, and on the fourth day he injected a drachm of water, containing half a minim of sulphuretted hydrogen water, into the crural vein; twice this dose had, in a previous experiment, killed a cat. In the rabbit just mentioned, however, there was nothing wrong but accelerated respiration; it took food the same day, and moved freely about. There were no changes in the animal temperature. The animal now took for four succeeding days two grammes of the hyposulphite per diem, and was very well with it. The next day two drachms of water, containing two and a half minims of sulphuretted hydrogen water, were injected, but caused no bad effects, while half that dose in another rabbit had caused convulsions and involuntary evacuations. The former animal continued cheerful, and took again one gramme of the hyposulphite. A fresh injection of 6½ minims four days afterwards only caused rapid respiration; otherwise the rabbit was very well. Four days after, ten drops were injected, again causing rapid respiration and some sluggishness, but nothing further. The day after, however, the animal appeared decidedly unwell; it sat in a corner, and seemed to have the "blues." Respiration was accelerated; two and a half grammes of the